

Office USE ONLY:	<input type="checkbox"/> NEW CUSTOMER	<input type="checkbox"/> ANNUAL RE-CERTIFICATION
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Name: _____
(First) (Middle) (Last)

Physical Address: _____
Cannot be a PO Box (Street) (City) (Apt) (State) (Zip)

The address listed above is my Permanent Temporary residence.

Billing Address: _____
(Street) (City) (Apt) (State) (Zip)

Date of Birth: _____ Last (4) digits of your Social Security Number _____

I, or a member of my household, currently receive Lifeline at the above physical address: Yes No

ELIGIBILITY FOR LIFELINE ASSISTANCE
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NEW CUSTOMERS - If you qualify based on participation in one of the public assistance programs listed below, you must provide a copy of documentation demonstrating your participation in the program.

EXISTING LIFELINE CUSTOMERS - If you are recertifying your eligibility you do not need to provide these documents.

I am, or my dependant(s) or a member of my household are, currently receiving benefits from one of the following public assistance program(s):

- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Medicaid (not Medicare)
- Federal Public Housing Assistance (including Section 8)
- National School Lunch Program's free lunch program
(must qualify for free lunch)
- Low Income Home Energy Assistance (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

OR

My total household income is at or below 135% of the Federal Poverty Guidelines.

If you qualify based on total household income, you must provide copies of one of the documents below:

- Prior year's State, Federal or Tribal Tax Return Statements
- Retirement/Pension Benefit
- Social Security Benefits Statements Documents
- Divorce Decree or Child Support
- Veterans Administration Benefits Statements Benefits Statements
- Unemployment/Workers Compensation
- Current Income Statements from Employer or Paycheck Stubs

If you provide documentation that does not cover a full year (such as current paycheck stubs), you must submit three (3) consecutive months' worth of the same type of document from the previous twelve months.

APPLICANT CERTIFICATION AND AGREEMENT

Lifeline is a federal benefit and willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is non-transferable and you may not transfer this discount to any other person. Only one Lifeline discount is available per household and a household is not permitted to receive Lifeline from multiple providers. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission’s rules and will result in de-enrollment from the program and could result in criminal prosecution.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE. I CERTIFY UNDER PENALTY OF PERJURY:

That I meet the income-based or program-based eligibility criteria for receiving Lifeline. **CUSTOMER INITIALS** ____

That I will notify EMPOWER Telecom within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline, if I, or another member of my household is receiving Lifeline, or if for any reason I no longer satisfy the criteria for receiving Lifeline. **CUSTOMER INITIALS** ____

That if I move to a new address I will provide my new residential address to EMPOWER Telecom within 30 days. **CUSTOMER INITIALS** ____

That my household will receive only one Lifeline discount and, to the best of my knowledge, my household is not already receiving a Lifeline discount. **CUSTOMER INITIALS** ____

That the information contained in this certification form is true and correct to the best of my knowledge. **CUSTOMER INITIALS** ____

That I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law and may subject me to fines, imprisonment or being barred from the program. **CUSTOMER INITIALS** ____

That I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so within 30 days will result in termination of my Lifeline discount. **CUSTOMER INITIALS** ____

I provide my consent for EMPOWER Telecom to send the information below to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline discount. If USAC determines that I am receiving more than one Lifeline discount then all Lifeline providers involved may be notified so that I may select one Lifeline provider and be de-enrolled from the other. I understand that if I fail to provide consent, I will be denied Lifeline.

- My full name
- My full physical address
- My date of birth
- The amount of my Lifeline discount
- The date on which Lifeline service was terminated, if it has been terminated
- The last four digits of my social security number
- My telephone number associated with Lifeline service
- The date on which Lifeline service was initiated
- The means through which I qualified for Lifeline

CUSTOMER INITIALS ____



LIFELINE ASSISTANCE APPLICATION FORM



I authorize EMPOWER Telecom or its authorized representatives to access any records (including financial records) required to verify my statements herein, and to obtain and use my credit as necessary to set up an account, although credit history will not impact eligibility for Lifeline. I authorize social service agency representatives to provide information to EMPOWER Telecom verifying my eligibility for, or participation in, a qualifying public assistance program. I authorize EMPOWER Telecom to release any records (including financial records) required for the administration of the Lifeline program.

I understand the terms of the EMPOWER Telecom Lifeline plans and authorize EMPOWER Telecom to make any changes necessary to my account in order to activate or implement the EMPOWER Telecom Lifeline discount.

I agree to the current EMPOWER Telecom customer agreement, including the plan, and other terms and conditions for services and selected features I have agreed to purchase, and which have been presented to me by the sales representative, and which I had the opportunity to review. I understand that I am agreeing to limitations of liability for service and equipment, settlement of disputes by arbitration and other means instead of jury trials and other important terms in the customer agreement.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL): (New Customers Only)

Primary ID (State issued Driver's License or ID, U.S. Passport, Tribal Card, Resident Alien Card, U.S. Visa, etc.) Supplemental ID (Public Utility Bill, Credit Card Bill, Computerized Paycheck Stub, Social Security Card, Voter Registration Card, Vehicle Registration Card, Bank Statement, County ID, etc.)

Signature: _____ Date: _____

LIFELINE ASSISTANCE

- Qualifying customers will save \$5.25 on phone or \$9.25 on broadband Internet per month.
- If you choose to include a Free Toll Block with your service, you will not be required to pay a security deposit.
- If you choose to not include a Free Toll Block with your service, you will be required to pay a minimum \$50.00 security deposit.
- Your first bill will include one full month's access charge in advance and a portion of the current month's access charge which is calculated based on the activation date. Your Lifeline discount will also be applied accordingly.
- The Lifeline discount is limited to a single service. You may not apply for multiple Lifeline discounts and must choose to apply your Lifeline discount to either a telephone or broadband Internet service but not both. Please note that other service providers may use terms other than "Lifeline" to describe the Lifeline program. By signing this application, you are certifying, under penalty of perjury, that you will comply with this requirement. Lifeline is only available to a subscriber whose residential address is located within EMPOWER Telecom Lifeline service area. Lifeline may not be applied retroactively.
- You must pay all sales, excise and other taxes and governmental surcharges and fees that we are required by law to bill customers. These taxes, surcharges and fees may change from time to time without notice. However, Lifeline subscribers will not be assessed a Federal Universal Service Fund or Regulatory charge.
- Other restrictions may apply.

This form can be mailed, faxed or emailed to : EMPOWER Telecom

Lifeline Program
P O Box 129
Bracey, VA 23919
Fax: 434-636-1211 Email: empower@meckelec.org

If you have any questions, call 434-636-2274 or 1-833-787-2522 (RURALBB)

<p>Office Use Only: Verification Documentation Provided: _____ Expiration Date: _____ Method: __ Walk In __ Mail __ Fax __ Email Employee: _____</p>
